

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN  PATENT APPLICATION</b>  <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Declaration Submitted with      Submitted after Initial Initial Filing      Filing (surcharge 37 CFR 1.16(e) required)	Attorney Docket N .	PDS-012-US4
	First Named Inventor	Pincu, David
	<b>COMPLETE IF KNOWN</b>	
	Application Serial Number	
	Filing Date	
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

**As a below named inventor, I hereby declare that:**  
My residence, post office address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUPPLY INTERFACE UNIT FOR DIRECT CURRENT POWER POOLING

*(Title of the Invention)*

the specification of which

☒ is attached hereto  
OR  
☐ was filed on [ ] as United States Application Serial Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/IL03/00832	ISRAEL	10/14/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.


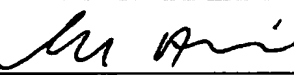
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	
60/418,599	10/15/2002	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

<b>DECLARATION – Utility or Design Patent Application</b>			
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.			
<b>U.S. Parent Application or PCT Parent Serial Number</b> 60/418,599	<b>Parent Filing Date (MM/DD/YYYY)</b> 10/15/2002	<b>Parent Patent Number (if applicable)</b>	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.			
As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <div style="display: flex; align-items: center; justify-content: space-between;"> <div> <input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> </div> <div style="text-align: center;">→</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: 0.8em;"> Place Customer Number Bar Code Label Here </div> </div> <div style="text-align: center; margin: 5px 0;">OR</div> <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			
<b>Name</b> Simon Mark Kahn	<b>Registration Number</b> 48,249	<b>Name</b> Edward Langer	<b>Registration Number</b> 30,564
<input type="checkbox"/> Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.			
Direct all correspondence to: <div style="margin-left: 100px;"> PowerDsine Ltd.  c/o Landon Stark Cantwell &amp; Paxton  One Crystal Park, Suite 210  2011 Crystal Drive  Arlington, Virginia 22202-3709  Tel. No.: (703) 486-1150  Fax No.: (703) 892-4510 </div>			

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) attached hereto.							
<b>Name of Sole or First Inventor:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name (first and middle [if any])</b> David				<b>Family Name or Surname</b> Pincu			
<b>Inventor's Signature</b>				<b>Date</b>	26. Dec 2003		
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<b>Post Office Address</b>							
18 Shenkar Street							
<b>P.O. Address (line 2)</b>	City	Holon	State	Postal Code	58261	Country	Israel

<input type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) attached hereto.									
Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])					Family Name or Surname				
Amir					Lehr				
Inventor's Signature						Date		Dec 30, 2003	
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